



Confidential Application

- Please Print or Type clearly.
- Please include two (1) current family photos with application submittal

Prospective Adoptive Parent(s) Information

Applicant

#1 Name:

_____ Date: _____
Last First M.I.

Applicant

#2 Name:

Last First M.I.

Current

Address: _____
Street Number and Name Apt#

City County State Zip Code

Contact Information Applicant #1

Home Phone

#: _____ Work#: _____ Cell#: _____

Email: _____

Contact Information Applicant #2

Home Phone

#: _____ Work#: _____ Cell#: _____

Email : _____


APPLICANT INFORMATION
Applicant #1
Applicant #2

Full Name		
Maiden Name (If Applicable)		
Date of Birth		
Place of Birth		
Social Security		
Gender		
Height		
Weight		
Eye Color		
Hair Color		
Religion		
Education		
Language(s)		
Occupation		
Employer		
Annual Gross Income		
Additional Income		
Race and Ethnicity		
Tribal Affiliation		
Occupation		
Length of time in AZ.		

Marital/Domestic Partner Information:

(Please provide a certified copy of Marriage License and Divorce Decree(s) as applicable)

Date of Current Marriage or Domestic Partnership:			
Past Marriage(s) or Domestic Partnership(s):			
Applicant #1		Applicant #2	
Date Begun:	Date Ended:	Date Begun:	Date Ended:
Date Begun:	Date Ended:	Date Begun:	Date Ended:

- You will be asked to provide documentation to any divorces.

Have you or your spouse/partner ever filed for an annulment or separation of your current marriage or domestic partnership? () Yes () No



ADOPTIONS

Have you or your spouse/partner attended individual or couple's therapy? () Yes () No If yes, please provide dates, places, names, address and phone numbers of therapist(s) _____

Employment History (Please provide **TWO** years of taxes, first 4 pages only)

Applicant #1

Current Employer _____ Length of Employment _____

Employer Address _____

Number Street City State Zip

Title _____ Salary \$ _____

Previous Employer _____ Length of Employment _____

Employer Address _____

Number Street City State Zip

Title _____ Salary \$ _____

Applicant #2

Current Employer _____ Length of Employment _____

Employer Address _____

Number Street City State Zip

Title _____ Salary \$ _____

Previous Employer _____ Length of Employment _____

Employer Address _____

Number Street City State Zip



Title _____ Salary \$ _____

Military Service

Applicant Name	Branch of Service	Rank	Date(s) of Service	Active/ Type of Discharge

Children of Applicants (please provide certified copies of birth certificates of all children living at home)

Full Name	Gender	Age	Location/ Living Situation

Others Residing or Frequently in the home (3 months or longer)

Full Name	Gender	Age	Relationship to Applicant / SS Number

Family Background

Applicant #1

Applicant #2

Mother's Full (Maiden included) Name		
Father's Full Name		



Date of Parent's Marriage		
Length of Parent's Marriage		
Parents Current Status (Deceased or Remarried-include spouse's name and length of marriage)		
Mother's Occupation		
Father's Occupation		
Where and with whom were you raised?		

Extended Family Members - Applicant #1

(Include Applicants birth parents; adoptive parents, stepparents, siblings and other prominent extended family members (living or deceased) use back if needed.)

Full Name	Age	Relationship	Location/Living Situation

Extended Family Members - Applicant #2

(Include Applicants birth parents; adoptive parents, stepparents, siblings and other prominent extended family members (living or deceased) use back if needed.)

Full Name	Age	Relationship	Location/Living Situation

Criminal History (Social-Legal History)

Have you, anyone living with you, or anyone employed by you in your home ever been convicted of or received a deferred prosecution or deferred judgment for any of the following categories? (Please check all that apply). If so you must supply the disposition.

If you have reason to believe that an infraction will be noted on your Police or FBI clearance, you will be required to provide:

1) A document from the court or legal authority attesting to the disposition of the case;

2) An addendum to your Home Study referencing the event

() Felony () Crime of Violence () Conviction

() Child Abuse () Domestic Violence () Deferred Prosecution



ADOPTIONS

- ☐ Sexual Offence ☐ Drug Abuse ☐ Deferred Judgment
- ☐ Dependency Proceedings ☐ Severance or termination of parental rights proceedings
- ☐ Child Support enforcement proceedings
- ☐ Proceedings involving allegations of child abuse or neglect
- ☐ Adoption proceedings ☐ All criminal proceedings

If yes, Name of person(s): _____

Type of Conviction _____ Date of Conviction _____

Name at time of conviction, if different: _____

In what City and State did the conviction occur?

Please note that answering "Yes" does not automatically disqualify you from our program.

Residence Information

Do you live in a: ☐ House ☐ Townhome/Condominium ☐ Apartment

Do you : ☐ Rent ☐ Own Length of time in current residence : _____

School District where you reside: _____

Description of home: (square footage, # of bedrooms, etc.)

Driving directions to the home from our office:



ADOPTIONS

Please provide addresses for the past five (5) years. (We must conduct child abuse clearances for every state you lived in, in the past 5 years. Please use the back if needed)

Applicant #1

Street Address	City/Town	State	Zip Code	Length at Residence

Applicant #2

Street Address	City/Town	State	Zip Code	Length at Residence

Health Information

	Applicant #1		Applicant #2		Diagnosis and Treatment
	Yes	No	Yes	No	
Cancer					
Arthritis or Bone Disease					
Congenital Defects					
Convulsive Disorder(s)					
Diabetes					
Heart Disease					
Multiple Sclerosis					
Tuberculosis					
HIV/AIDS					
Other Venereal Disease(s)					
Diagnosed Mental Health Disorder(s)					
Depression/Bi-Polar Disorder					
Alcoholism/Chemical Dependency					
Infertility Issues					



Other Medical Condition(s)					
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Please list any prescription drugs used regularly and what they are for other than noted above:

Applicant #1

Applicant #2

Other Health concerns? () Yes () No

If yes, Please Explain:

Health Insurance Information

Name of Insured, the insurance policy number and effective dates of Coverage:

(Applicant#1)

(Applicant#2)

Other/Secondary Insurance:

Does your Health Insurance cover the needs of an adopted child immediately upon adoption? () Yes () No From Birth: () Yes () No

From Placement: () Yes () No From Adoption Finalization: () Yes () No

Do you wish to be listed on the Adoptions Registry: () Yes () No

Adoption Information

Has either applicant ever lost a child to death? () Yes () No

Has either applicant ever placed a child for adoption? () Yes () No

Has either applicant ever experienced a disruption in a previous adoption? () Yes () No

Has either applicant ever worked with another adoption agency in the past or currently?

() Yes () No

Do you have a prior history of adoption certification, () Yes () No

If yes: with which agency: _____

Has either applicant ever been denied a Certifying study for adoption? () Yes () No

Has an adoption agency, facilitator or attorney ever turned down either applicant?

() Yes () No

Have you submitted a 1-600 to USCIS? () Yes () No If yes, date submitted _____

Current USCIS Approval? () Yes () No Expiration Date _____

Have you started or completed a Certified Home Study? () Yes () No



ADOPTIONS

If yes, Status or date completed _____

Home Study Agency _____ Agency Phone _____

Address _____ Social Worker _____

Street

City/State

Zip

Have you previously adopted: () Yes () No

If Yes: Please provide the name of the Agency: _____

Certification Date; _____

How did you hear about Bright Star Adoptions, LCC.? _____

Have you attend an Orientation? () Yes () No If yes, date, city and Agency _____ () Yes () No can you provide a copy of Orientation Certificate.

What type of Adoption are you seeking? () Domestic () International

We are licensed to do newborn adoptions only. () Open () Semi-Open () Closed

Type of Child you wish to adopt ?

Race or Ethnic preferences; we would consider adopting a child who is?

() Any () Caucasian () Asian () Occidental (Middle Eastern)

() Hispanic () Marshallese () Bi-Racial () Indian/ East Indian

() Hispanic/Indian () African American () South American Indian () Native American

Other _____

Currently undecided and would like to talk to you more about it: ()

Would you be willing to adopt a child from a Disrupted Adoption? () Yes () No

Would you consider a child with special needs or disabilities (beyond orphanage-related developmental delays)? () Yes () No

Motivation

Why have you chosen adoption? _____



Why would you like to adopt domestically or internationally? _____

Please share any information, expectations, ideas or questions you have that would help us get to know you. _____

References

All references must have known applicant for at least two (2) years, and must be able to attest to the applicant's character and fitness to adopt. A form will be mailed out to each person listed, please make sure address are in full and current. Three (3) of your references must not be related by blood or marriage.

Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____ Years Known _____
Email: _____

Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____ Years Known _____
Email: _____

Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____ Years Known _____
Email: _____



Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____ Years Known _____
Email: _____

Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____ Years Known _____
Email: _____

REFUND POLICY:

The agency strives to provide families with excellent service and honest communication. Our fee structure is arranged so that you pay on a fee structure. This is because you are paying for adoption services and not the child. When the agency fee is submitted, it is nonrefundable. Please carefully review your Certified Adoption Services Agreement.

If you withdrawal from the adoption process, for any reason, or the adoption fails, for any reason no refunds are provided except as may be allowed specifically by the adoption services agreement. Clients pay for ongoing services, not for the completion of an adoption.

Adopting Parents Rights:

1. To seek consultation from the agency of their choice.
2. To contract with an agency based on mutually agreeable terms.
3. To be treated confidentially, with access to their names and records limited to those involved in the cases as designed by the adopting parents.
4. To be fully informed of legal, social, and medical information about their child made available to their agency.
5. To have the ability to take child referral documentation to the physician of their choice and be given a reasonable amount of the time before making a decision about accepting a child referred to them by a foreign country.
6. To be informed as to what the roles and responsibilities are with respect to the agency and themselves.
7. To receive a copy of the agency's fee policy and be informed of fees and costs associated with adoption.



ADOPTIONS

8. To have resources and support offered to them during the post placement and adjustment period and after if needed.
9. To be assured that the staff of the agency will interact in a professional ethical, courteous manner and will put the clients interests over the personal interests of the staff.
10. To have the rights to file a formal grievance and be treated objectively and fairly without fear of retaliation.

AGREEMENT

I/we are enclosing, non-refundable application fee and supplemental documents needed:

1. Current financial statement
2. Physicians statement
3. Medical and Psychological history
4. Social History of each Applicant
5. Finger Print background clearances (Card will be provided)

These documents will be provided to you, but your application is NOT approved until all documents have been provided and approved.

I/We understand that there are risks in all adoptions, and that foreign governments have the power and authority to suspend, investigate, or terminate an international adoption, if they should so decide. Birth Parents also have the right to change their minds within a specified period of time.

I/We understand that the information on the child's health and all other matters received from foreign countries or birth families are limited and that neither the agency nor completeness of information can be guaranteed.

I/We understand that all children adopted may present development delays and or health issues.

I/We certify by signing below, give consent and agreement to the above and that all information given in this application is correct to the best of my/our knowledge and ability.

I/We understand that withholding information or providing information that is not accurate may result in the denial of an approved Certified Home Study.

"Any applicant who knowingly or willfully makes a false statement of an material fact or thing in this application is guilty of perjury.

I/We also certify by signing below, I/We have received and read the Agency Fee Agreement and Agency Service Agreement. I/We are in full agreement with the said Agreement.

Applicant #1: _____ Date: _____

Applicant #2: _____ Date: _____

